

Sam Higginbottom University of Agriculture, Technology And Sciences

Directorate of Distance Education

APPLICATION FORM FOR THE ISSUE OF DUPLICATE CERTIFICATE / MARKSHEET

Read the Instruction carefully before filling the Form. All Fields of the Form are Mandatory.

•	510 444					Fee revised on 01-01-2022	
	Enrollment Number (As in the	e ID card)	IPIP Code	(Optional)	Programme		
	Name of the Student as register	ered with the University at the tire	me of admiss	sion		_	
	Father's Name of the Student a	as registered with the University	, at the time	of admission			
'	ather 3 Name of the Student a	as registered with the oniversity	y at the time	or admission			
	Complete Address (De not rene	ant the name)					
'	Complete Address (Do not repe	eat the name)					
	District		S	itate			
	e-mail Address	ST	D Code	Pho	one / Mobile Number	Pin code	
Ì	o man Address					1 11 1 1 1	
l	D 1D (1)				N (1	. 5 .	
	Demand Draft No.	Date		Amount	Name of t	he Bank	
		d d m m y y y	y Rs.				
	(The Demand Draft in favour of	f "DDE, SHUATS" a/c payable	at Allahabad	d)			
	Academic Details						
SI.	Programme & Semester/Year	r Month & Year of passing	IPIP C	ode	Total Marks obtained	in the Semester/Year	
1	<u> </u>						
2							
3							
4							
5							
6							
7							
8							
	Note : <i>Attach self-attested</i>	d conjec of Mark-Sheets o	of all Samo	store/Voore	<u> </u>		
		· ·	an ocme.	sters/ rears.	•		
	Nature of Certificate requi						
	(1) Statement of Marks / G		1,500/- eac		on.		
	(2) Provisional or Migration			o Convocati Certificate will	on. be issued after the Convoca	tion.)	
	(3) Consolidated Statemen	nt of Marks /Grades Rs.2	2,500/-			,	
	(4) Degree Certificate		2,500/-				
		IMPOR	TANT INST	TRUCTIONS	5		
	Duplicate certificate will b	e issued only when it is lo	ost or dest	royed irrev	ocably.		
	The following procedure is to					ATS University.	
	· Publication in the newspape	er about the loss of the certi	ificate. The	date should l	be visible.		
	 Provide an affidavit prepare 	ed by a Notary on a non-judio	cial stamp p	aper of Rs 1	0/ (The matter to be printed	ed on	
	the affidavit is attached).	ad to "The Dissetos Distance F	duantina Ol	ILLATO Limitado			
	 Write an application addresse your certificate and reference 		ducation, SF	HUATS Unive	rsity" mentioning the loss of		
	 Attach a Xerox copy of the or 		ou by SHUA	TS University	(if available)		
	 While publishing such notifical 	. ,	•	•	,	f the	
		was obtained etc. to be provid					
	 Application should be comple 	eted in every respect. Failure to	o furnish corr	ect details ma	ay cause delay in the issue o	f the	
	certificate.						
	The fee should be paid in the from any bank. Fee and paid					anabad	
	from any bank. Fee once paid will not be refunded or adjusted for any other certificate under any circumstances.						
	The complete Form along with all the required enclosures must be sent on the following address: DIRECTOR						
	Directorate of Distance Educati	tion					
	Sam Higginbottom University o		Sciences				
	Naini, Allahabad-211 007						
	Phone: 0532-2684317						
	 May kindly note that it takes a for the issuance of a duplicate 			y of receiving	the above documents to pro	ocess an application	



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Format of the Affidavit (On Rs. 10/- Judicial Stamp Paper)
Following Affidavit is to be enclosed with the Application Form

I,	son / daughter of residing at	colomply offirm and
Agedstate as follows:		solemniy animi and
state as follows.		
 I declare that 	at I have lost the original testimonial as detailed below:	
Enrollment No.	Particulars of the Original Testi	imonial Lost
2. I declare that	t in anita of diligant approb Lam unable to trace the originals of	f the eferencial decument and bence
	t in spite of diligent search I am unable to trace the originals on . If traced, I will produce them before the University.	ittle aforesaid document and hence
they are lost.	. If traced, I will produce them before the offiversity.	
I declare that	t I have not misused the same and I shall not misuse the sam	e if recovered.
4. I declare that	t for the purpose of	I need the certified
	f the aforesaid document.	nneed the defined
·		
	e necessary that on the strength of this affidavit certified dupli	cates are issued to me by the
university.		
6. The facts stat	ated are true and correct to the best of my knowledge and if fo	ound false by the University.
	by the decision of the University.	
		Signature of the DEPONENT
		Signature of the DEPONENT
		Signature of the DEPONENT
Solemniy	y affirmed and signed before me on this day of	
Solemnly	y affirmed and signed before me on this day of	
Solemnly	y affirmed and signed before me on this day of	
Solemnly		